



## NOTICE OF SOLICITATION

Serial # - PH RFQ 09-015

**REQUEST FOR QUOTE FOR: Interim Financial Accountant for Public Health Clinical Services**

Notice is hereby given that sealed responses to the above RFQ will be received by the Maricopa County Department of Public Health, 4041 N. Central Avenue, Suite 1400, Phoenix, AZ 85012, until **2:00 P.M./M.S.T. Friday, September 26, 2008** for the furnishing of the following for Maricopa County. RFQs will be opened by the Public Health Procurement Officer (or designated representative) at an open, public meeting at the above time and place.

**All responses must be signed, sealed and addressed to Cheryl Rentscheler, Procurement Officer, c/o Maricopa County Department of Public Health, and marked "PH RFQ 09-015, Request for Quotes, Interim Financial Accountant for Public Health Clinical Services"**

The Maricopa County Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Any protest concerning this request for bids must be filed with the Procurement Officer in accordance with Section MC1-905 of the Code.

ALL ADMINISTRATIVE INFORMATION CONCERNING THIS SOLICITATION AND THE CONTRACTUAL TERMS AND CONDITIONS CAN BE LOCATED AT *(in all cases, all forms of the term "bid" is used interchangeably with the terms "RFQ", "applicant", "response", etc.)* <http://www.maricopa.gov/materials/advbd/bidinfo.asp> IN ANY SITUATION OR CASE THAT THE ADMINISTRATIVE INFORMATION OR THE CONTRACTUAL TERMS AND CONDITIONS ARE IN CONFLICT WITH THIS SOLICITATION, THE LANGUAGE IN THIS SOLICITATION TAKES PRECEDENCE. ANY ADDENDA TO THIS SOLICITATION WILL BE POSTED ON THE MARICOPA COUNTY MATERIALS MANAGEMENT WEB SITE UNDER THE SOLICITATION SERIAL NUMBER.

RESPONSE ENVELOPES WITH INSUFFICIENT POSTAGE WILL NOT  
BE ACCEPTED BY THE MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH

INQUIRIES:

CHERYL RENTSCHELER  
PROCUREMENT OFFICER  
TELEPHONE: (602) 506-6886

**NOTE:** MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH PUBLISHES ITS SOLICITATIONS ONLINE AND THEY ARE AVAILABLE FOR VIEWING AND/OR DOWNLOADING AT THE FOLLOWING INTERNET ADDRESS:

[http://www.maricopa.gov/materials/advbd/pub\\_health.asp](http://www.maricopa.gov/materials/advbd/pub_health.asp)

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**NO RESPONSE**

Contractors not responding to this RFQ are asked to complete this document and return it to Cheryl Rentscheler, Maricopa County Department of Public Health, or fax to (602) 506-6885.

**MARK OUTSIDE ENVELOPE:**

**PH RFQ 09-015    Interim Financial Accountant for Public Health Clinical Services**

Responses must be received **BY 2:00 P.M. Friday, September 26, 2008**. Contractors failing to submit an application, or this document, may be subject to removal from the Maricopa County Materials Management Contractor List.

**PH RFQ 09-015    TITLE:    Interim Financial Accountant for Public Health Clinical Services**

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CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

REASON FOR NO BID:

\_\_\_\_\_ Insufficient time

\_\_\_\_\_ Do not handle product/service

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **IMPORTANT**

### **PLEASE READ BEFORE SUBMITTING YOUR RESPONSE**

#### **M/WSBE CONTRACT PARTICIPATION**

For this Contract a combined M/WSBE goal of 0% involvement is established for Minority/Women-Owned Small Business Enterprises (M/WSBE). This goal may be attained singularly or by any combination thereof to create the overall designated percentage involvement goal. Instructions and required forms are included in the Minority/Women-Owned Small Business Enterprise Program Contracting Requirements section. The Maricopa County Minority and Women-Owned Small Business Enterprise Program, revised June 14, 2000, is incorporated by reference

The Public Health Department of Maricopa County will endeavor to ensure in every possible way that Minority and Women-owned Small Business firms shall have every opportunity to participate in providing professional services, materials, and contractual services to the Public Health Department of Maricopa County without being discriminated against on the grounds of race, religion, sex, age or national origin. The Maricopa County Minority Business Program, effective January 1, 1992, is incorporated by reference.

Attachments E, F, and G provide detailed information and forms to be submitted as part of your bid. If no goal has been set the attachments will be not be required to be submitted with your bid.

**THESE FORMS MAY BE LOCATED AT <http://www.maricopa.gov/materials>. M/WSBE PARTICIPATION FORMS.**

**REQUEST FOR QUOTE:****Interim Financial Accountant for Public Health Clinical Services****1.0 INTENT:**

The intent of this solicitation is to contract with an individual to provide interim financial accounting services for a period of approximately six months at the Maricopa County Department of Public Health Clinical Services (MCDPH), 1645 E. Roosevelt Street, Phoenix, AZ. Successful respondent shall make recommendations to Clinical Services Division Management on financial policies and practices, perform administrative functions as required by management, and audit and direct the work of staff performing assigned accounting functions. For these reasons, successful respondent must be familiar with Public Health's accounting processes and procedures as well as possess knowledge of and previous experience with grant budgets. All work shall be performed at MCDPH within a 30 hour work week. Total amount of contract shall not exceed \$40,000.

**2.0 SCOPE OF WORK:****2.1 SERVICE REQUIREMENTS****2.1.1 Financial Management (50%)**

- 2.1.1.1 Continually direct and evaluate administrative, financial, and budgetary functions of Clinical Services Division.
- 2.1.1.2 Compile and prepare annual budgets of clinical programs, provide justification for results initiative requests and new budget items. Continually monitor budgets to ensure compliance by programs.
- 2.1.1.3 Routinely perform complex, professional level accounting functions. Continually work with clinical programs to ensure that their general financial needs are met and that all types of transactions are properly recorded.
- 2.1.1.4 Routinely analyze and interpret financial and accounting records.
- 2.1.1.5 Frequently review transactions that affect the general ledger and account reconciliations and process journal vouchers as needed.
- 2.1.1.6 Annually oversee and monitor fiscal year end close activities as established by the County Finance Department, including monitoring capital assets of the division

**2.1.2 Grants Management (15%)**

- 2.1.2.1 Generate Contract Expenditure Reports monthly. Review and approve Contract Expenditure Reports and journal vouchers generated by accounting staff.
- 2.1.2.2 Routinely reconcile grant activity reports to county financial records to ensure accurate reporting of financial information and compliance of Contractor Expenditure Reports
- 2.1.2.3 Periodically coordinate with county and state auditors on random audits of payments, adjustments, contractor expense reports, process and procedures. Periodically assist with the generation of grant applications and grant renewals.

**2.1.3 Miscellaneous Administration: Procurement, Contracts, and Human Resources (35%)**

- 2.1.3.1 Continually act as procurement liaison to clinical staff and Finance Procurement Specialist regarding commodity ordering, purchase orders, and vendor issues.
- 2.1.3.2 Routinely make recommendations to management for process and procedural improvements
- 2.1.3.3 Routinely research financial and administrative issues and provide recommendations to management.
- 2.1.3.4 Routinely perform special accounting, budgeting, and procurement projects as assigned.
- 2.1.3.5 Continually assist with the staffing needs and Human Resource filings needed by clinical programs. Generate Personnel Management Forms.
- 2.1.3.6 Perform other duties as needed

2.2 COMPENSATION/FEES:

- 2.2.1 Compensation shall be paid at a rate of \$28.00 per hour for a 30 hour work week. Hourly rate is inclusive of all services provided. Payment shall be subject to acceptance and approval by the County of services rendered.

2.3 INVOICING AND PAYMENT

- 2.3.1 Contractor shall submit a signed Monthly Activity Report (invoice) by the tenth (10th) work day of each month for services rendered the previous month. The invoice must reflect County contract number PH RFQ 09-015, as well as the date, time, and location for which the services were provided.
- 2.3.2 Any purchases of materials needed by the Contractor to fulfill the terms of the contract shall be approved in advance by the County through the Clinical Service's Administrator and acquired in conformance with the County's Procurement Code.

2.4 SPECIAL REQUIREMENTS

- 2.4.1 Contractor expressly agrees that it shall comply with all rules, regulations, orders, standards and interpretations promulgated pursuant to the Occupational Safety and Health Act of 1970, including, but not limited to: training, provision of personal protective equipment, provision of post-exposure prophylaxis, adherence to all appropriate lock out/tag out procedures, and providing all notices, material safety data sheets, labels, etc. required by the right to know standard.

2.5 REQUIRED APPLICATION DOCUMENTS

- 2.5.1 Attachment A
- 2.5.2 Attachment B
- 2.5.3 Attachment C
- 2.5.4 Letter of Interest
- 2.5.5 Curriculum Vitae with detailed information on qualifications and experience

3.0 **SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT LENGTH:

This Request for Quotes is for awarding a fixed term professional services contract to cover a seven (7) month period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of two (2), one (1) year options. The Contractor shall be notified in writing by the Procurement Officer from the Department of Public Health of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 EVALUATION CRITERIA:

The evaluation of this RFQ will be based on the following factors:

3.3.1 Qualifications

The successful candidate will have a minimum of a Bachelors Degree in Accounting or a related field. Candidate must also possess the knowledge and ability to process computer data and be able to generate and format Maricopa County, Contractor Expenditure, and other grant-related reports. Knowledge and experience using Advantage, Business Objects, and Insight Web Reports a must.

3.3.2 Experience

The successful candidate shall have two or more years of experience in Public Health accounting including reconciliation of grant funds.

3.4 FACILITIES:

During the course of this Agreement, the County shall provide the Contractor with adequate workspace and such other related facilities as may be required by Contractor to carry out its obligation enumerated herein.

3.5 INDEMNIFICATION AND INSURANCE:

3.5.1 Indemnification

The Contractor agrees to indemnify, hold harmless, and defend Maricopa County, its officers and employees, their officers, boards, commissions and employees, from and against any and all claims, damages, suits and proceedings, regardless of the merits, from liability, punitive damages, costs or expense of every type, all or any part thereof arising out of or in connection with or by reason of any act or omission of the Contractor, its Subcontractors its agents, officers or employees; except as specifically permitted in Section 3.5.2.

3.5.2 Insurance Requirements.

A. Any Contractor who is duly appointed to the MCDPH and who provides health care, medical or professional services pursuant to the terms of this contract shall be deemed an agent of the County for purposes of determining professional liability for acts rising out of the performance of this Contract. The Contractor will be afforded County professional liability coverage for services performed as specified in the Scope of Work of this Contract. The County through the Maricopa County Attorney's Office shall provide the defense and legal representation.

B. The scope of the County's responsibility to any Contractor who is duly appointed to the MCDPH and who provides health care, medical or professional services is governed by the terms of the Maricopa County Self Insurance Trust, as amended.

C. Maricopa County, its Risk Management Department and its Self Insurance Trust may defend or settle any claim or suit involving said Contractor, as it deems appropriate and Contractor's consent is not required. However, the County will make reasonable efforts to consult and coordinate with the Contractor or its medical providers prior to making and/or implementing any settlement decision.

D. Contractor shall be responsible for carrying worker's compensation insurance as required by state law.

3.6 LICENSURE/CERTIFICATION

3.6.1 Contractor shall comply with all applicable provisions of law and other rules and regulations of any and all governmental, accrediting and/or regulatory authorities relating to the licensure and regulation of health care providers and physicians.

3.6.2 Upon request, Contractor agrees to allow Department, to the extent permitted by law, access to credentials of Qualified Physicians and Qualified Providers who are providing services to Department under the terms and conditions of this Contract.

3.7 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY  
DEPARTMENT OF PUBLIC HEALTH  
ATTN: CHERYL RENTSCHELER  
4041 N. CENTRAL AVENUE, #1400  
PHOENIX, AZ 85012

Administrative telephone inquiries shall be addressed to:

Cheryl Rentscheler, Procurement Officer, 602-506-6886  
(cherylrentscheler@mail.maricopa.gov)

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.8 INSTRUCTIONS FOR PREPARING AND SUBMITTING BIDS:

**Respondents are to provide one (1) original "hard copy" (identified) as "ORIGINAL" and three (3) copies (identified) as "COPIES".** Respondents are to identify their responses with the bid serial number, title and return address to Cheryl Rentscheler, Maricopa County Department of Public Health, 4041 N. Central Avenue, #1400, Phoenix, AZ 85012.

**Applicants are reminded to include all attachments including a Letter of Interest, Curriculum Vitae, and copies of all licenses/certifications/diplomas.**

**NOTE: CONTRACTORS ARE REQUIRED TO USE ATTACHED FORMS TO SUBMIT THEIR BIDS.**



## ATTACHMENT A

## Interim Financial Accountant for Public Health Clinical Services

## PRICING SHEET

BIDDER NAME: \_\_\_\_\_

F.I.D./VENDOR #: \_\_\_\_\_

BIDDER ADDRESS: \_\_\_\_\_

P.O. ADDRESS: \_\_\_\_\_

BIDDER PHONE #: \_\_\_\_\_

BIDDER FAX #: \_\_\_\_\_

COMPANY WEB SITE: \_\_\_\_\_

COMPANY CONTACT (REP): \_\_\_\_\_

E-MAIL ADDRESS (REP): \_\_\_\_\_

PAYMENT TERMS: BIDDER IS REQUIRED TO SELECT ONE OF THE FOLLOWING.

TERMS WILL BE CONSIDERED IN DETERMINING LOW BID.

FAILURE TO CHOOSE A TERM WILL RESULT IN A DEFAULT TO NET 30.

BIDDER MUST INITIAL THE SELECTION BELOW.

NET 10 \_\_\_\_\_

NET 15 \_\_\_\_\_

NET 20 \_\_\_\_\_

NET 30 \_\_\_\_\_

NET 45 \_\_\_\_\_

NET 60 \_\_\_\_\_

NET 90 \_\_\_\_\_

2% 10 DAYS NET 30 \_\_\_\_\_

1% 10 DAYS NET 30 \_\_\_\_\_

2% 30 DAYS NET 31 \_\_\_\_\_

1% 30 DAYS NET 31 \_\_\_\_\_

5% 30 DAYS NET 31 \_\_\_\_\_

1.0 COMPENSATION/FEEES:HOURLY RATEInterim Financial Accountant for Public Health Clinical Services  
(as defined herein)

\$ 28.00 /hour

Respondent's signature (below) indicates understanding and agreement with the predetermined hourly compensation/fees rate indicated above.

\_\_\_\_\_  
Signature (REQUIRED)\_\_\_\_\_  
Date

ATTACHMENT B

**CONTRACTOR REFERENCES**

**INDIVIDUAL SUBMITTING RFQ:** \_\_\_\_\_

1. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_
2. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_
3. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_
4. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_
5. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

## ATTACHMENT C

**AGREEMENT**

The Contractors hereby certify that they have read, understand and agree that acceptance by Maricopa County of the Contractor's offer by the issuance of a Purchase Order or Contract will create a binding Contract. Further, they agree to fully comply with all terms and conditions as set forth in the Maricopa County Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement.

**BY SIGNING THIS AGREEMENT THE SUBMITTING INDIVIDUAL CERTIFIES THAT THEY HAVE REVIEWED THE ADMINISTRATIVE INFORMATION AND CONTRACTUAL TERMS AND CONDITIONS LOCATED AT <http://www.maricopa.gov/materials>. AND AGREE TO BE CONTRACTUALLY BOUND TO THEM.**

MINORITY/ WOMEN-OWNED SMALL BUSINESSES (check appropriate item):

☐ Disadvantaged Business Enterprise (DBE)  
☐ Women-Owned Business Enterprise (WBE)  
☐ Minority Business Enterprise (MBE)  
☐ Small Business Enterprise (SBE)

\_\_\_\_\_  
INDIVIDUAL SUBMITTING RFQ

\_\_\_\_\_  
FEDERAL TAX ID NUMBER

\_\_\_\_\_  
PRINTED NAME AND TITLE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX #

\_\_\_\_\_  
CITY                      STATE                      ZIP

\_\_\_\_\_  
DATE

WEB SITE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MARICOPA COUNTY, ARIZONA

BY: \_\_\_\_\_  
PROCUREMENT OFFICER, PUBLIC HEALTH

\_\_\_\_\_  
DATE

BY: \_\_\_\_\_  
DIRECTOR, MATERIALS MANAGEMENT

\_\_\_\_\_  
DATE

APPROVED AS TO FORM:

\_\_\_\_\_  
MARICOPA COUNTY ATTORNEY

\_\_\_\_\_  
DATE

## EXHIBIT 1

### VENDOR REGISTRATION PROCEDURES

**On-line Vendor Registration at Maricopa County is available NOW!**

**On November 22, 2004, Maricopa County changed its vendor registration process.** Paper forms will no longer be accepted. Vendor registrations will only be accepted through the active website. Register at <http://www.maricopa.gov/Materials/>

The new process will give you full control over your organizational information. Please be advised however that you are now directly responsible for the presence and accuracy of your company's information.

**Vendors currently registered in our system who have changes to their information or have not registered online must establish a new account via the above web site link. Materials Management will no longer post changes to existing vendor records.**

**Procurement vendors:** Be sure to select those commodity codes that best represent the commodities and or services provided by your organization. Non-procurement registrants may ignore the commodity portion.

Registration is **FREE**. You may use any computer with web access for registration, record updating and maintenance.

If you have any questions, email us at [VendorReg@mail.maricopa.gov](mailto:VendorReg@mail.maricopa.gov).